

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/009799**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
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36		1				
37		1				
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39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55	1					
56		1				
57	1					
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64	1					
65	1					
66		1				
67		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS	60					
	67					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS